



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Agrichemical Management
 PO Box 8911
 Madison WI 53708-8911
 Phone: (608) 224-4545

DATCP USE
 Date Received: _____

**2019 Wisconsin Clean Sweep Grant Solicitation Request
 Agricultural and Household Hazardous Waste Collections
 (Wis. Stat § 93.57 and Wis. Admin Code ch. ATCP 34)**

Section A: Applicant Contact Information (Grant Coordinator)

Name/Title: _____

Agency, Unit of Government or Tribe: _____

Address, City and Zip: _____

Phone Number: _____ Email: _____

Multiple municipality/tribal applications:

- Identify partners and each contact, adding additional sheets if necessary.
- *These partnerships must be supported by a formal resolution, memorandum of agreement (MOA) or something similar. Include a copy of the resolution, MOA or partnership agreement.*
- If you provide county-wide coverage, no need to list each city or town within the coverage area.

Municipality or Tribe	Contact Name	Municipality or Tribe	Contact Name

Section B: Grant Request Summary and Estimated Match

1. Mark type of clean sweep.
2. Mark *permanent* (waste collected at least 6 months and includes permanent infrastructure) *continuous* (4 or more collection days) or *temporary* (1 to 3 collection days).
3. Grant Requests: **See instructions for multi-municipal grants.** For single applicants, maximum amounts:
 - Ag Permanent = \$11,000; Ag Continuous = \$10,000; Ag Temporary = \$8,000
 - HHW Permanent = \$21,000; HHW Continuous = \$20,000; HHW Temporary = \$16,000
 - Write in lesser values if desired.
4. **Required 25% match:** Calculate using formula [(Grant Request / .75) – Grant Request]

Clean Sweep Type	Continuous or Temporary	Grant Request	Required Match ((Grant/.75) – Grant)
<input type="checkbox"/> Ag Clean Sweep (only counties are eligible)	<input type="checkbox"/> Permanent <input type="checkbox"/> Continuous <input type="checkbox"/> Temporary		
<input type="checkbox"/> HHW Clean Sweep	<input type="checkbox"/> Permanent <input type="checkbox"/> Continuous <input type="checkbox"/> Temporary		

Are you willing to accept an amount less than your request? YES NO

Section C: Waste Management: Waste Contractor Information

Temporary Collections: You must use the state hazardous waste contractor, Veolia.

Continuous and Permanent Collections: List name of waste contractor or indicate if you will bid or release an RFP for these services: *insert text*

If you are not using Veolia, supply the contract cover sheet of your chosen contractor or the declaration or announcement of your request for proposal (RFP) with your application.

Section D: Collection Sites and Dates: Complete the table for each collection site you intend to use. For example, county garage, town shop, landfill, fair grounds, high school parking lot. Then indicate if the site will be used in spring, fall or on a continuous basis. Add another sheet if necessary.

List proposed collection site(s)	Proposed Collection Dates Spring (Jan.-June); Fall (July – Dec.) or Permanent and Continuous (indicate a range of months)
	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Continuous insert time frame <input type="checkbox"/> Permanent insert time frame
	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Continuous insert time frame <input type="checkbox"/> Permanent insert time frame
	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Continuous insert time frame <input type="checkbox"/> Permanent insert time frame
	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Continuous insert time frame <input type="checkbox"/> Permanent insert time frame
	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Continuous insert time frame <input type="checkbox"/> Permanent insert time frame

Section E: Previous grant funding: Our goal is to identify first time applicants or underserved areas.

Is this the first time applying for an Ag Grant?
 Yes No

If no, when did you last receive an Ag Grant?
 (year)

Is this the first time applying for an HHW Grant?
 Yes No

If no, when did you last receive an HHW Grant?
 (year)

Section F: Waste Reduction Efforts to Limit Waste

Will you address waste reduction, reuse or recycling with clean sweep participants? Yes No

If yes, briefly describe those efforts. Some examples are workshops, brochures, product exchange program for usable items, Facebook or Pinterest or website to share ideas. Include examples if available or provide links to webpages, etc. First time applicants, describe plans if you marked yes.

Section G: Clean Sweep Collection Budget Estimate and Match Calculation The section is to work out a budget and determine if the project will meet the required match. Cost categories are suggestions, adjust as needed.

Cost Categories	Ag Grant		HHW Grant	
	Column 1 Reimbursable Expense	Column 2 Cash or In-kind Match	Column 3 Reimbursable Expense	Column 4 Cash or In-kind Match
Waste Contractor Disposal estimate				
Staff salaries estimate				
Printing, mailing, signs				
Building rental	Match only		Match only	
Supplies				
Volunteers (\$10/hr.) per volunteer	Match Only		Match Only	
Other				
Subtotals	\$	\$	\$	\$
Total estimated project costs (Ag=Column 1 + 2; HHW= 3 + 4)	\$		\$	

Calculate Match: Calculate 25% match of *estimated total project costs*. (Total Project Cost x .25 = Match) **If the match amount calculated is less than required match in Section B on page 1**, you will need to increase your match to qualify for your grant request. If your calculated match is greater than Section B, you have met the requirement.

Calculated Match **Ag: \$** **HHW: \$**

Verify that your calculated match above equals or exceeds the required match on page 1.

Yes No (adjust budget)

Section H: Describe your local support. For example: resolutions from your local government, monetary support, business donations, community or governmental volunteers, survey results. (Add sheets or expand block if necessary.) **Provide examples or documentation.**

Section I: Outreach/Public Information. Describe how you will advertise the clean sweep to your service area. (Examples include press releases, newspaper advertisements, presentations, social media, brochure distribution or targeting an ethnic or underserved group.) **Note if you plan on anything new for 2019** or if you had success with an activity or method with a previous Clean Sweep. (Add sheets or expand block if needed.) **Provide examples.** First time applicants, describe plans.

Section J: Expanded Services. Will your event add new services, expand your collection area or add collection events for 2019?

YES (If yes, briefly describe.) NO First time applicant, does not apply.

Section K: Website. List the website address where you intend to post information about your clean sweep. If a specific webpage isn't yet available, provide the main web address where the public is likely to find information or a link to the Clean Sweep event.

Web address: [Click here to enter text.](#)

Reminders:

- For partnerships/multi-government collections, did you include a copy of your resolution, memorandum of understanding/agreement or partnership agreement?
- Did you verify that your planned budget meets or exceeds the required match?
- If you submit examples, you can scan and email them with the application.

Email completed form to Jane Larson, Clean Sweep, DATCPCSWP@wisconsin.gov by **11:59 p.m., Friday, September 28, 2018**, postmark it by that time or complete the application online through the new Clean Sweep SharePoint site. If you mail your application and supporting material, send it to Jane Larson, Clean Sweep, ARM Division – 2nd floor, PO Box 8911 Madison WI 53708-8911. You will receive an email once your application is received and a follow-up message within five business days. If you do not receive an automated email or a response within five business days, please contact Jane Larson.